

BUREAU OF FACILITY REVIEW

Functions: In general, the Bureau of Facility Review is responsible for patient assessment and related activities for patients that are in or are going into nursing care facilities. The Bureau is also responsible for ensuring that health facilities serving Medicaid and Medicare clients are adequate to provide an acceptable quality of care.

Major Responsibilities:

1. Perform annual on-site inspections of Utah health care providers participating in the Medicare and Medicaid programs to ensure compliance with federal and state standards; certify to the Medicaid agency that providers meet standards for program participation.
2. Perform pre-admission and continued stay reviews of the medical necessity of every Medicaid nursing home patient in the State;
3. Perform an annual inspection of the care received by every Utah nursing home patient who receives Medicaid funds.
4. Ascertain that mentally retarded and psychiatrically impaired residents of institutions and nursing care facilities receive "active treatment" as required by federal rules.

42 CFR References

405.1902, 405.1906, 431.115, 431.151-154, 431.610, 435.1009, 440.150, 442.1-516, Part 456 Subparts D, E, F, H, I, J.

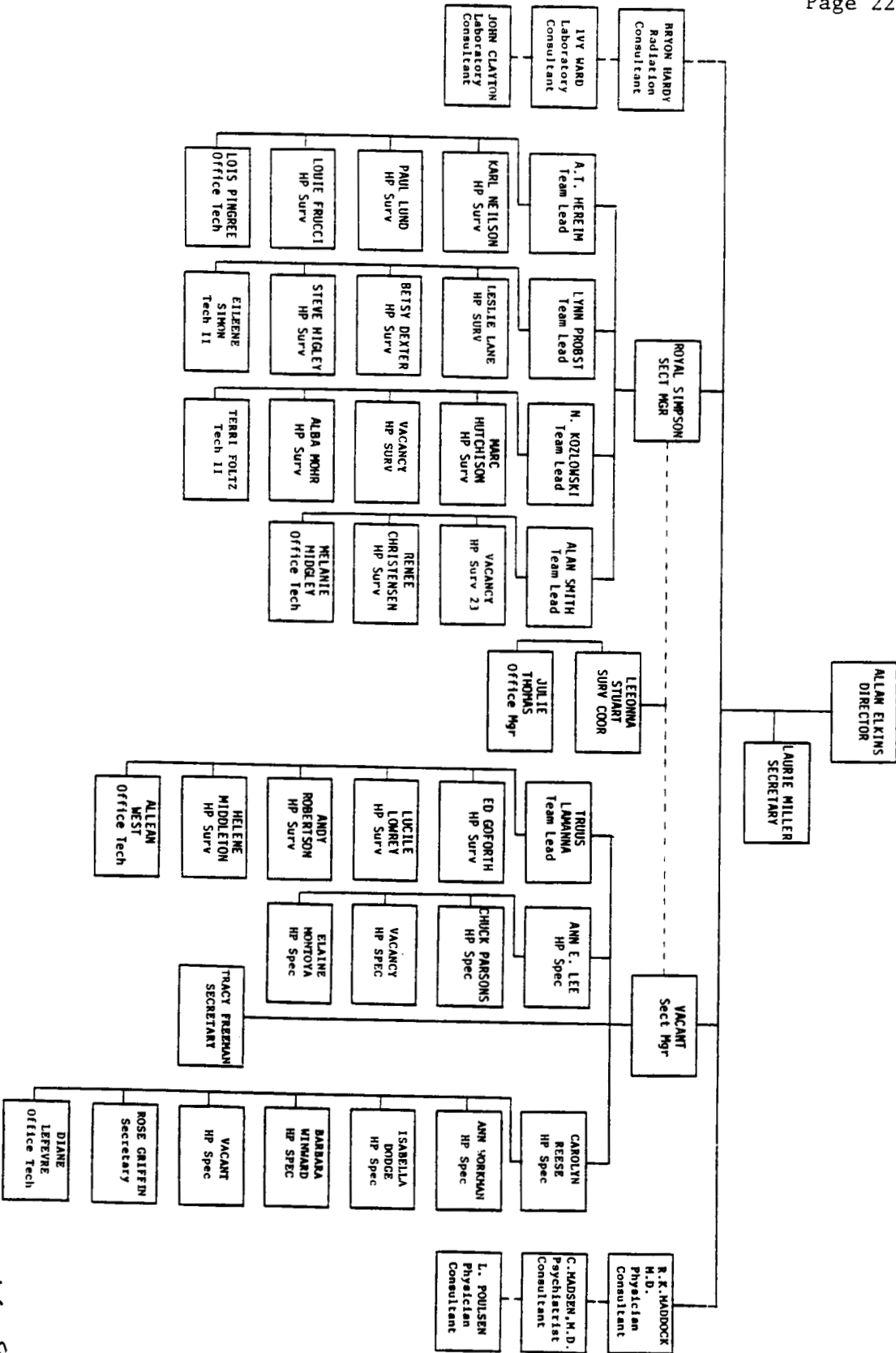
Staff of this Unit Include:

Director  
(2) Secretaries  
(1) Office Manager  
(7) Office Technicians  
(2) Health Program Managers  
(1) Health Survey Coordinator  
(5) Health Survey Team Chiefs  
(3) Physician Consultants - Part-time  
(15) Health Program Surveyors  
(9) Health Program Specialists  
(2) Laboratory Specialist Consultants - Part-time  
(1) Radiation Specialist Consultant - Part-time

T.N. # 14-88  
Supersedes  
T.N. # 35-82

Approval Date 6/9/88 Effective Date 4/1/88

BUREAU OF FACILITY REVIEW



TRANSMITTAL NO. 14-88  
 Date Approved 6/9/88  
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 Supersedes Transmittal 35-97

BUREAU OF MMIS OPERATIONS

Function: This Bureau is responsible for processing Medicaid/UMAP claims in accordance with Federal regulations and State Law and rules. The Bureau receives and accounts for claims and related documents; maintains an accurate computer data base; adjudicates claims excepted by the computer, manually; responds to client and provider inquiries; and trains participating providers in Medicaid policies and procedures. The Bureau is responsible for preparing and disseminating provider manuals and Medicaid Information Bulletins supplying specific Medicaid scope of service benefits and billing instructions.

Major Responsibilities

1. Coordination of all operational activities relating to the Medicaid Program. These activities are carried out through the various sections and units of the Bureau. These include the Document Control Unit, Provider Training Unit, Medicaid Information Unit, in the Provider Relations Section; the File Maintenance Unit, Adjudication Unit, Internal Training and Documentation Function, in the Adjudication and File Maintenance Section, and the Functions of Project Coordinator and Provider Communications Coordinator.
2. Provide to the client/provider education of covered services, rate of reimbursement, adjustment process, and prior authorization process;
3. Manage all medical claims, claims research and adjustments, including all functions that relate directly to the recipient, insure that providers are paid accurately and that checks are mailed out properly;
4. Coordinate inter-program operations as they impact Title XIX through the Indigent Medical Assistance Program, Home and Community Based Program, Presumptive Eligibility Program, Targeted Case Management;
5. Maintain an accurate and effective data processing system to support the administration and operation of the Medicaid Program;
6. Develop and maintain Provider Manuals and Medicaid Information Bulletins;
7. Establish a positive working relationship with all Medicaid providers;
8. Approve and maintain provider and recipient files;

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9. Educate Medicaid providers concerning administrative policy, program policy, benefit policy and reimbursement policy;
10. Educate Medicaid providers on billing on Medicaid claim forms, prior authorization requests, use of remittance advice, claim correction forms, and adjustment requests;
11. Maintain client and provider relations and respond to their concerns;
12. Respond to mail inquiries on a timely basis in accordance with the program goals and objectives;
13. Implement procedures changes based on policy developed by the Director of Policy and Planning which are pertinent to the payment of medical claims;
14. Process claims submitted for covered services within approved time frames;

42 CFR References

431.17, 431.18, 431.107, 431.300-307, 447.45

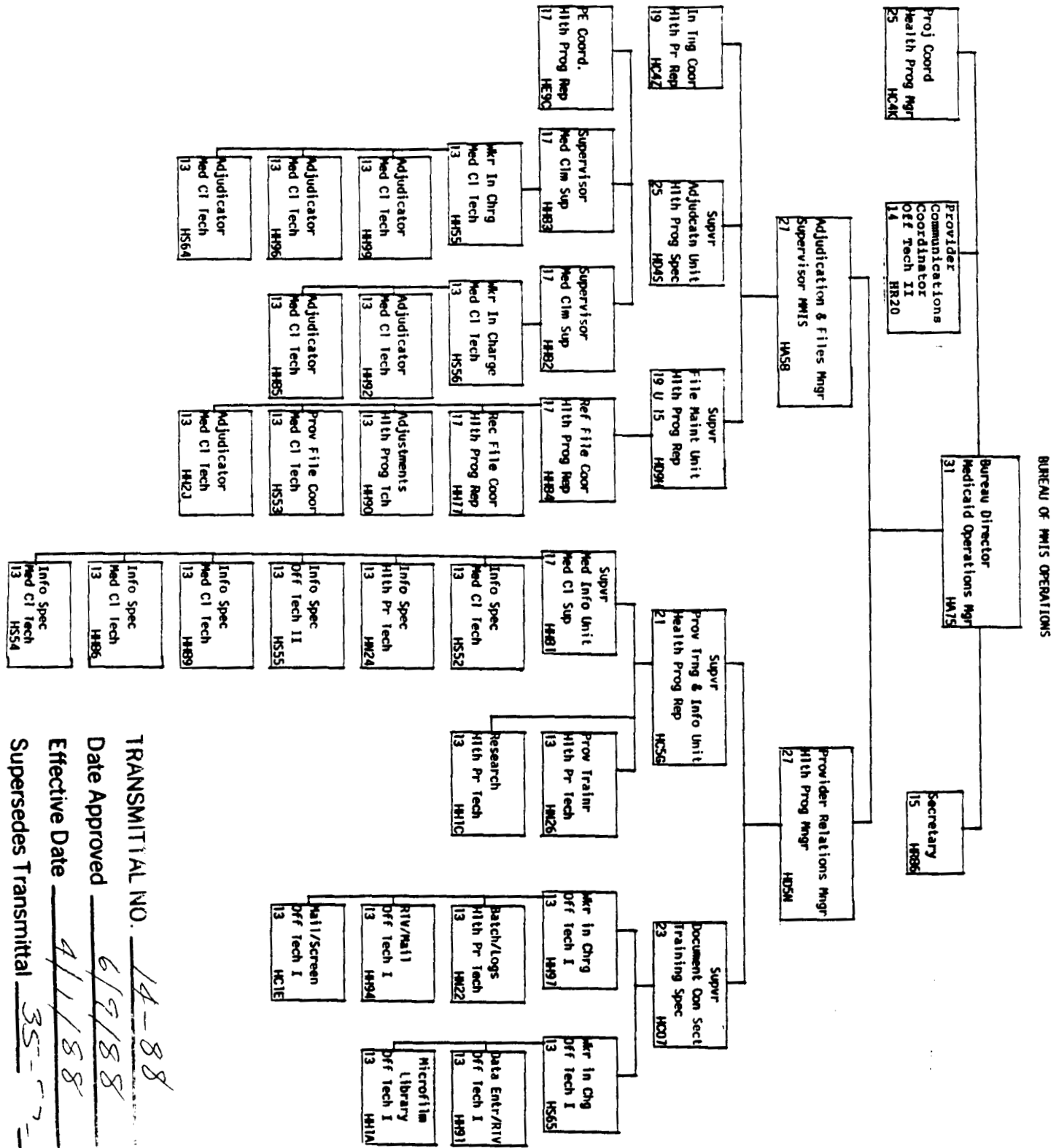
Staff of this Bureau include:

Medicaid Operations Manager  
Secretary  
(2) Health Program Managers  
MMIS Supervisor  
Health Program Specialist  
(6) Health Program Representatives  
(3) Medical Claims Supervisors  
Training Specialist  
(5) Health Program Technicians  
(13) Medical Claim Technicians  
(2) Office Technicians II  
(6) Office Technicians I

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